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Bib Data Sheet

CONFIRMATION NO. 4191

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|---|--|-------------------------------|---|---|
| SERIAL NUMBER 09/976,799 | FILING DATE 10/12/2001 RULE | CLASS 607 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. S100-DIV1 |
| APPLICANTS Robert J. Greenberg, Los Angeles, CA; Joseph H. Schulman, Santa Clarita, CA; | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 09/515,373 02/29/2000 WHICH CLAIMS BENEFIT OF 60/125,873 03/24/1999 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/02/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Marcel P. Oropaya</i> <i>spo</i> Examiner's Signature Initials | | STATE OR COUNTRY CA | SHEETS DRAWING 32 | TOTAL CLAIMS 41 |
| | | | | INDEPENDENT CLAIMS 5 |
| ADDRESS 28284 | | | | |
| TITLE Package for an implantable medical device | | | | |
| FILING FEE RECEIVED 643 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |